

Lowcountry Beacon

Medical Home Port



LCDR Jack Page, a nurse practitioner on Team 2 of the newly implemented Medical Home Port model, is performing a routine exam on patient, Margie Craven. See pp. 8-9 for more information about the Medical Home Port.

Inside:

- Meet the New Uniformed Victim Advocates and Ombudsmen
- See this Quarter's Department in the Spotlight
- Find out what's happening in Health Promotion



<http://www.facebook.com/pages/Beaufort-SC/Naval-Hospital-Beaufort/139103766109432>



*CAPT Joan R. Queen
Commanding Officer*

A Message from the CO

Hello Patients and Staff Members,

This is the second edition of the newsletter and I'm very excited about the responses we received from our first publication. We would love to have your input on articles you would like featured in the "Lowcountry Beacon". If there are articles you would like to see included, please contact Naval Hospital Beaufort's Public Affairs Officer, Ms. Gaynelle Dantzler at (843) 228-5306.

The featured article in this edition is the new Patient Centered "Medical Home Port Model". The model- which consists of teams - is aimed at promoting open access to care and continuity of care with your provider. We have established two teams in the Primary Care Clinic and will be adding two additional teams in the near future. The Medical Home Port Model has been implemented at several commands within Navy Medicine. Eventually, all Navy Military Treatment Facilities will have a Patient Centered "Medical Home Port Model". Please read the Medical Home Port article to learn more about it.

Naval Hospital Beaufort is very active in the community and in this newsletter you will see our involvement with the reality TV show "Extreme Makeover: Home Edition". A military family in Beaufort – whose military member is currently deployed to Afghanistan – was chosen for the makeover, and members of our very own Naval Hospital Beaufort staff assisted with building the home.

The staff at Naval Hospital Beaufort is unique and I am very pleased with all the letters I receive from patients thanking the staff for their outstanding customer service and their efforts to go the extra mile to provide assistance and comfort.

This quarter's "Sailor in the Spotlight" is HM1 Ioana Champagne. She is an Independent Duty Corpsman who works at the Branch Health Clinic at Parris Island. Our "Civilian in the Spotlight" is Ms. Janet Reeves, who is a Nurse Practitioner in our new Medical Home Port.

Naval Hospital Beaufort enjoys being part of historic Beaufort and we are fortunate to have some of that history right here on our compound. Fort Frederick, a nearly 300-year-old fortification constructed when English troops first came to the Beaufort region, is located on the grounds of the hospital. Please read the interesting article about this historical landmark.

Our days are starting to get longer. Daylight Savings Time begins March 13th, the first day of spring is March 20th, and before you know it, we will be in the midst of summer. So now is the time to start planning your summer vacations. Take some time to enjoy yourselves. You deserve it.

In closing, I just want to thank you again for all you do to support Naval Hospital Beaufort.

Patient Safety Awareness Week March 6-12, 2011



commit to safe health care
PATIENT SAFETY AWARENESS WEEK

March 6-12, 2011

Sponsored by the
National Patient Safety Foundation*

www.npsf.org

In a concerted, nationwide effort to empower patients and strengthen collaboration between patients, families, and their healthcare providers, Naval Hospital Beaufort is joining other leading healthcare organizations across the country and around the world in celebration of Patient Safety Awareness Week, March 6-12, 2011, sponsored by the National Patient Safety Foundation.

This year's theme: "Are You In? Commit to Safe Health Care" focuses on involving all participants in the healthcare process, from patient to provider. Naval Hospital Beaufort will engage staff, patients and the community through educational and awareness-building activities specific to reducing hospital readmissions and understanding cultural competency.

Now, more than ever in the patient safety landscape, a focus on empowering patients and strengthening patient-provider communications are of paramount priority for reducing error within the health system and reducing readmission rates. Equally important is the need to understand the impact of cultural diversity on patient safety.

Our Mission

*To provide safe, efficient, effective patient and family
centered health care while ensuring operational readiness.*



A Note from the XO

Salt and Spice and Everything Not So Nice!



*CAPT Edward D. Simmer
Executive Officer*

Substance abuse is a major problem in America as a whole. Although substance abuse and dependence is less common in the military, it continues to be a significant problem. You may wonder why we are so concerned about substance abuse. There are several reasons. First, substance abuse is harmful to the individual using it. There are often significant harmful physical and psychological effects, at times even leading to death. We care deeply about the well-being of our Sailors and Marines, and do not want them harming themselves. Second, substance abuse can harm others. The number of people killed each year by drunk drivers is staggering, and many people are harmed or killed by violence related to the sale and use of illegal drugs. Third, substance abuse impairs mission readiness. Current drug testing in the military was started after a tragic aircraft mishap on an aircraft carrier which was associated, at least in part, with substance abuse by some of the crewmembers involved.

One of the primary reasons why drug use has been much lower in the military than in comparable civilian populations has been the presence of random drug testing in the military coupled with a "Zero Tolerance" policy. This approach, although admittedly somewhat burdensome at times, has been effective. Unfortunately, we have recently seen, both nationwide and in the Beaufort area, the rise of new substances which cannot, as of yet, be tested for, and until recently, were not illegal for civilians to purchase or use in South Carolina. These substances are most commonly known as "Spice" and "Bath Salts". "Spice" which is commonly sold in small packets and labeled as incense or plant food, is in actuality plant material treated with a synthetic substance and has effects similar to marijuana. Likewise, "Bath Salts" are synthetic stimulants which have effects somewhat similar to cocaine.

Service members should not be using products (even if legal for civilians) that can cause significant harm to themselves and reduce their ability to perform their duties. At Naval Hospital Beaufort, we are taking a comprehensive four-pronged approach to addressing the problems presented by these relatively new substances.

First, we have many resources available to service members who are facing stress or personal problems. There is no doubt that substance abuse is, at times, an attempt (although misguided) to deal with these types of problems. No one should have to face a difficult situation alone. If you or a fellow Sailor/Marine is not sure where to turn, ask for help! Some good sources are the chain-of-command, the Chaplain, mental health, Marine Corps Counseling Service, and Military OneSource.

Second, we recognize that substance dependence is an illness that requires treatment. Although this does not reduce one's responsibility for one's actions, once a person starts abusing a substance, it can be very difficult to stop, both due to physical withdrawals and a psychological need for the substance. Thus we offer state-of-the-art evaluation and treatment for substance abuse. We recently hosted the Head of the Navy Substance Abuse Rehabilitation Program (SARP) in Norfolk, VA for a two day visit to educate our healthcare and substance abuse providers about the services they provide. These services are available at no cost to all service members who need them, even if they are going to be separated from the military. Similar treatment in the civilian sector would cost many thousands of dollars.

Third, we are working to reduce access to these substances by restricting access to businesses which choose to sell them. Recently six local businesses were identified as sources. After warnings, they have now been placed "off limits", meaning that service members have been ordered not to have any contact with these businesses, to include buying gas (for those that are gas stations).

Fourth, we take action against those who, despite our best efforts, make the choice to use "Spice" or "Bath Salts". The Navy and Marine Corps have issued orders making it illegal for service members to purchase, possess, or use "Spice", "Bath Salts", or similar substances. Service members who choose to do so are in violation of Article 92 of the Uniformed Code of Military Justice. We fully support this "Zero Tolerance" policy at NH Beaufort.

At our command, we have unfortunately had three Sailors make the wrong choice, and all three have received non-judicial punishment and are being processed for separation from the military. Separation from the military due to drug use leads to an individual losing most of their Veteran's benefits and can make finding a job or going to college more difficult.

The use of "Spice" and "Bath Salts" is indeed a problem, but one that together, we can solve. Make no mistake, we have and will continue to have, a "Zero Tolerance" policy towards the use of these or any other illegal substance. With that said, our goal is to never again have to take action against a Sailor due to "Spice" and "Bath Salts". We are committed to doing everything we can to help you make the right choice and making NHB a place where Sailors and Marines have so many better options that they never even consider using these banned substances.



CMDCM(SW/FMF) Tyrone Willis
Command Master Chief

A Word from the CMC

Ooorah and greetings NHB Family,

First and foremost, I would like to congratulate everyone on a job well done! As you all well know, we have accomplished the rare feat of having had no alcohol related incidents in more than SIX MONTHS. This is not an easy feat for any command to accomplish. But I believed WE could do it. And WE DID! The Skipper, XO, and I thank you all for your dedication and determination to make the right choices and do the right things while on liberty. Please do not take this feat lightly, for it is a GREAT ACCOMPLISHMENT! Be proud that you have done something that only few commands – either at shore, afloat, or abroad – have ever accomplished. This was a total family/team effort!

Secondly, I want to discuss our heroes at NHB: those who have LEFT, and those who are LEFT BEHIND. Those who have LEFT refer to our Deployers who have found themselves at the tip-of-the-spear; those LEFT BEHIND refer to those of you who stay behind to ensure the mission gets completed. We should continue to put our arms around all those who deploy. Deploying is a very stressful and difficult time for all involved, regardless of location (Afghanistan, Iraq, Djibouti, GTMO, USNS Comfort, and Kuwait). We need to provide our most vigilant assistance to support those who deploy and to their families here locally. I need both deployers and supporters to stay EXCITED, ENCOURAGED, and, most of all, ENGAGED!

Finally, thank you to all that are LEFT BEHIND. Indeed, we hail all our heroes who are about to deploy, have deployed, and those returning from deployment. And although they are truly worthy of recognition and praise for being our heroes and for their accomplishments while deployed, I would also like to recognize all the heroes that are left behind in their stead that ensure the mission is accomplished. Though these heroes are left behind, they are certainly not left out. Those LEFT BEHIND are those of you who stay to make sure the job continually flows without interruption, in spite of personnel shortages created by deployments. It is you who STANDS UP, STANDS IN, and STANDS OUT! Because of you, our deployed heroes can concentrate on their mission abroad, knowing that the heroes here are standing the watch

Chaplain's Corner

By LT Jennifer Dolder

Potter's Clay

*A block of clay wishing to be made,
Enters the potter's workshop to come and
stay;*

*Water drips from the potter's hands,
To shape and mold as they can,
He places the clay on the wheel stand;*

*Each fingertip pushes and demands,
Hard or Soft clay cannot withstand;*

*A new creation is his plan,
To show to all in the land,
The beauty in his plan;*

*Some would say we are like jars of clay,
Made by a master potter to be used every-
day;*

*Choosing to spend time with the master
potter,
Can guide you on your way,
Want to come and stay?*

Have you ever thought of God as the master potter? The potter who created us just as we are, just the way he wants. What a different view we might have on life if one believed this. Rather than letting others determine our worth, you can seek it from God on this earth.

For many we seek to find self-worth from what we do rather than who we are. It is in doing that that *the world* determines where you fit. However, *God's* focus is different. His focus is on whom you are not what you do. He is more concerned with your being rather than your doing. In today's world we focus more on the doing and how we are perceived on the outside. What would your world be like if you spent more time working on your being rather than doing?

In [2 Corinthians 4:18](#) it states, "So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal."

For many the master potter is the hand of God working each day in their lives and the lives of those they come into contact with. Know that the potter is always available to all types of clay. It is a choice you can make.



Blood Drives

1000-1400

[Naval Hospital
Beaufort](#)

31 March 2011

[Marine Corps
Air Station](#)

15 March 2011,
17 May 2011

[Marine Corps
Recruit Depot](#)
23 March 2011

Uniformed Victim Advocates



HM2 Tegan Lanier



HM2 Yasmin Avila-Lima

HM2 Tegan Lanier and HM2 Yasmin Avila-Lima are the new Uniformed Victim Advocates (UVA) for Naval Hospital Beaufort (NHB). As a UVA, it is their responsibility to provide confidential support and services to victims of sexual assault. These responsibilities are set forth in policies established by the Department of the Navy Sexual Assault Prevention and Response (SAPR) Program.

Sexual assault is a crime. It is defined as “intentional sexual contact, characterized by use of force, physical threat, or abuse of authority or when the victim does not or cannot consent”. Sexual assault can occur without regard to gender, spousal relationship, or age of the victim.

In the event of a sexual assault, a victim has the option of either a Restricted Report – which means they can receive services and medical care anonymously – or an Unrestricted Report. Military personnel are mandatory reporters of sexual assault, except in cases where policy has made certain members, such as a UVA or chaplain, exempt through confidentiality.

If you are a victim of sexual assault, contact a NHB Uniformed Victim Advocate or a civilian Victim Advocate (VA) immediately. Please contact the NHB Quarterdeck at (843)228-5200/5600 to have a civilian Victim Advocate paged. If you would rather speak to a Uniformed Victim Advocate, please call (843)321-6535.

Civilian Victim Advocates are civilian members of the Marine & Family Services Program, who are available 24 hours a day, 365 days a year to provide crisis intervention and support for victims of sexual assault. Both UVAs and VAs will ensure you receive prompt medical attention and will advise you of your options in reporting an assault. They assist victims in dealing with command, law enforcement, and medical personnel; if desired, they can be present during medical exams and court proceedings.

PLEASE BE SURE TO SPEAK TO A VICTIM ADVOCATE BEFORE YOU CONTACT LAW ENFORCEMENT OR YOUR COMMAND. Once you inform law enforcement officials or a representative from your command of an assault (other than those exempt through confidentiality), a restricted report is no longer an option. It is vital that sexual assaults be reported. This is not only for your own health and safety, but for the health and safety of others who may become victims. Although you may understandably feel frightened or embarrassed, please do not allow those feelings to influence your decision to report the crime. Remember, this is a crime against you. You are not to blame – the perpetrator is.

Lowcountry Beacon

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U.S. Naval Hospital Beaufort*

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Visit our home page at:
<https://www.med.navy.mil/sites/nhbeaufort>

Health Promotion & Wellness

Crews Into Shape

The Crews Into Shape challenge, held every March in conjunction with National Nutrition Month®, is sponsored annually by the Navy and Marine Corps Public Health Center (NMCPHC). The goals of the challenge are to spark and guide workplace-focused, team-oriented, physical activity and improved fruit and vegetable intake among the whole DoD family. The 11th annual challenge will run from 7 March through 2 April 2011.

Sign-up and forms are web-based. Top scoring Crews win T-shirts. Crew leaders receive frequent "Crews Notes" during the campaign to encourage their crew members. Crew names and locations are posted on the web. Register your crew at:

http://www-nmcphc.med.navy.mil/Healthy_Living/Resources_Products/Crews_Into_Shape/crews_info.aspx

For more information, contact the Naval Hospital Beaufort Health Promotions Coordinator, Ivette Moore, MS, at (843) 228-5344 or Bob MacDonald, MS, CHES Public Health Educator at the Navy and Marine Corps Public Health Center at (757) 953-0974 (DSN 377) or by email at

Michael.r.macdonald@med.navy.mil



Crews Into Shape



May is Physical Fitness Month

Things to do to increase physical activity!

Taking the stairs is a good way to be more physically active. At work, employees are often confronted with a choice between taking the stairs and taking an elevator or escalator. Choosing the stairs instead of the elevator is a quick way for people to add physical activity to their day.

The President's Challenge. The President's Challenge is a program that encourages all Americans to make being active part of their everyday lives. No matter what your activity and fitness level, the President's Challenge can help motivate you to improve. Visit: http://www.presidentschallenge.org/home_adults.aspx

Pedometers: Every Step Counts! Approximately 70+ million Americans currently participate in a regular walking program, the number one exercise choice in the United States. A pedometer is a small device that attaches to the belt and counts the steps taken over the day. It can help you set goals and keep track of the number of steps (distance you walk) you take in a day. The goal for individuals beginning an exercise program is 5,000 steps. 10,000 steps is recommended for maintaining general health; and 15,000 steps is recommended for weight loss.



ARE YOU PREPARING FOR THE PRT?

General Training Guidelines

3 - 4 Weeks prior to the PRT

Two major principles of training related to the improvement of cardiovascular function are overload and specificity. For optimal results, it is recommended to practice these principles at least 4 to 6 weeks prior to the PRT.

Overload Principle: If a muscle is caused to work against a load to which it is not accustomed, instead of wearing out and becoming weaker, it becomes stronger. For example, if you are preparing for the PRT run and you are interested in improving your run time, you will need to exercise at a higher exercise intensity. Push yourself a little harder than you normally run. I.e., don't expect to improve your PRT run time by walking. *Pace yourself.*

Specificity of Training: Specificity of training is one of the "golden rules" in exercise science. For an individual to become proficient at any given movement, that movement itself must be trained and practiced. If you are swimming during the PRT, then you need to focus specifically on the swim event as your primary mode of aerobic activity.

The same "specificity" concept applies toward the muscular and flexibility components of the PRT. The best way to prepare for push-up testing is to practice push-ups. There are several different types of sit-ups that can be performed, but for the purpose of preparing for the PRT curl-up test, it is important to perform the curl-up exercise - using the correct form that will be required of you during the PRT.

If you want to improve your PRT run time, you need to run.

After the PRT? Have some fun! Enjoy selecting exercises you most enjoy. Try something new. Have Fun!!

April is Sexual Health Month Sexual Health & Responsibility Program (SHARP)

SHARP Mission: Provide DoN members and families with health information, education, and behavior change programs for the prevention of sexually transmitted infections, including HIV, and unplanned pregnancies and collaborate with other Navy and Marine Corps stakeholders to advance sexual health policies and activities, and support healthy sexual behavior and relationships.

SHARP Goal: Reduce the occurrence of STIs including HIV and unplanned pregnancies among DoN members and families to levels specified in selected Healthy People 2010 Objectives <http://www.healthypeople.gov>

For more information on this topic contact your local Preventive Medicine Office at 228-2806.

SAFETY TIP

Where's The Ice Machine?

By "Safety" Sue Hollingsworth

We probably all have our little rituals when we check into a hotel. For example, mine include turning on and testing everything in the room (telephone, remote control, clock, coffee pot, iron, refrigerator, etc.), flushing everything that flushes to make sure it works, and unpacking every single item in my suitcase and placing everything in the drawers and closet (which drives my husband crazy!). But before starting your own personal check-in ritual, I highly encourage you to take a few minutes to do the following simple act, which could prove to be a lifesaver.

After dropping off your luggage, take your key and leave your room (locking the door behind you of course!). Find the closest emergency exit. Don't just "eyeball" the exit sign down the hallway. Actually walk to the exit. You should be able to open it. Then take a look at the path, stairwell configuration, etc. Make a mental note regarding the location (i.e., left or right side of the corridor, type of door handle, etc.). Count the number of doors between your room and the exit door, so that you will be able to navigate your way if visibility is poor due to darkness or smoke (I also travel with my own small flashlight that I keep by the bed). You're almost done! Locate the next closest exit, ideally a different travel path than the first, and repeat the process.

Doesn't so sound bad, does it? And, during this little tour, you'll probably even find the coveted ice machine and \$4 soda machines! Happy and safe travels!

Health Promotion & Wellness Calendar

March

17 - St. Patrick's Day 3 Mile Walk - NHB
18 - St. Patrick's Day 3 Mile Run - MCAS
19 - Sprint Triathlon, Open, 600 Runners, 0900 Parris Island
26 - Spring Youth Sports Opening Ceremonies - Parris Island

April

20 - Earth Day Walk, 1.5 miles, E-Beach, grills, hot dogs, Brad Woods Recycling, Timer - Parris Island

May

14 - Grand Final Run/Walk, Shrink Down Challenge Finale, 2 miles- Parris Island
20 - 2nd Quarterly Road Race, Active Duty, 4 miles - MCAS
25 2nd Quarterly Road Race, Active Duty, 4 miles - Parris Island

Command in the Community



Photo by Gaynelle Dantzler

Volunteers from Naval Hospital Beaufort participated in the "Extreme Makeover: Home Edition". The TV Reality Show came to Beaufort, SC, and a military family was selected for the makeover. The staff from Naval Hospital Beaufort worked day and night to complete the dream home for the family of a Marine who is deployed to Afghanistan.

Medical Home Port

By Gaynelle Dantzler



As stated by Vice Admiral M. Robinson Jr., MC, Surgeon General of the Navy, "Medical Home Port will be a real game changer for Navy Medicine and the entire Military Health System. It will provide our service members and their families' better access to care, reducing reliance on private sector care and emergency room visits for off hour standard care needs."

With that said, your Family Medicine Clinic at Naval Hospital Beaufort is getting onboard with the change. "We are changing our philosophy of care to the concept of a Medical Home. The Medical Home Model is a new approach to healthcare delivery and is based on the concept that patients are at the center of every decision made regarding their care", said CDR Gregory Thier, Director of Medical Services. Additionally, the name of the clinic is changing as well. The clinic will now be known as the Medical Home Port.

In this new model, the goal is to provide patients with closer, more personalized care. Patients will have an entire team responsible for their healthcare.

Instead of a patient's Primary Care Manager (PCM) changing every year, their healthcare team will remain the same as long as they continue to work at Naval Hospital Beaufort. This healthcare team – which consists of a PCM, Nurses, Hospital Corpsmen and /or Nursing Assistants, and a Scheduling Clerk -- will partner with patients to fulfill administrative requests and to provide additional health services. This will provide improved continuity of care, and will also allow patients to develop a closer relationship and partnership with their Medical Home Port team.

CDR Thier continued, "If you are already enrolled in TRICARE Prime at Naval Hospital Beaufort, you do not have to do anything to be assigned to a Medical Home Port Team. The Medical Home Teams have been implemented throughout the Primary Care Clinics, and you will automatically be assigned to a team based on your PCM. As the implementation continues and expands, we look forward to improving our already great access to care, using technology to improve communication between providers and patients, to adding even more health services, and to opening up a Medical Home Team in our Internal Medicine Clinic. The Command has been extremely supportive of these changes because it is the right thing to do for our patients."

Currently, two teams are operating under the Medical Home Port Model and two more teams have been identified..

Hails

CDR Serkies, Stephen, DBC	MA3 Nobles, Timothy, DFA
LCDR Conner, Michael, DBC	HN Baker, Christopher, DBC
LCDR Oneil, Brian, DBC	HN Brown, Brenton, DBC
LT Lores, Gustavo, DBC	HN Davis, Christina, DBC
LTJG Papineau, Michelle, DBC	HN Geter, Edwin, DBC
HMC M Kowitz, Brad, DFA	HN Judd, LaTanya, DBC
HMC Ramones, Gerald, DBC	HN Larissa, Chappelle, DSS
HM1 Esquibel, Anthony, DCSS	HN Truitt, Grant, DNS
HM2 Fuhrman, DCSS	HN Williams, Garrett, DBC
HM2 Richard, Marcus, DCSS	HA Hillis, Jessica, DBC
HM2 Tucker, Edgar, DMS	HA Horsting, Gregory, DBC
HM3 Ocampo, Jayson, DBC	HA Schweitzer, Matthew, DBC
HM3 Oens, Robert, DBC	HR Demeza, Bryan, DNS
HM3 Thomas, Darquita, DBC	

Recent Homecomings

LT Davis, Diane
 LTJG Cone, Stephen
 LTJG Rausa, Rebecca
 HM2 Whitehead, Robert
 HM1 Rorabaugh, Heather
 HN Harrington, Jonathon
 HN Vandesande, Bryan

The providers for **Team 1** include Dr. Peter Munson, a family practice physician who specializes in skeletal manipulations and is credentialed to perform Implanon and IUD placement/removal. LT Laura Bradford is a Nurse Practitioner specializing in family practice and is assuming all enrollees previously assigned to CDR Richard Cline. Ms. Karen Pressley is a Pediatric Nurse Practitioner. The Registered Nurses are Gerry Lange and Mary Sullivan. The scheduling clerk for Team 1 is Grace Castillo.

Team 2 is led by LCDR Jack Page, a Pediatric Nurse Practitioner. LT Pamela Edwards is a family practice physician who is certified for colposcopies and IUD insertion/removal. Mrs. Barnhart is an Adult Physician Assistant. Tammi Lynge, RN and Judy George, LPN are the nurses for this team. The scheduling clerk is Aveene Bowers.

Team 3 consists of the following members: CDR Gregory Thier is a family practice physician and the Director of Medical Services. He is credentialed to perform vasectomies, colposcopies, and IUD insertion/removal. Ms. Janet Reeves is a Family Nurse Practitioner. New to Naval Hospital Beaufort is Dr. Jeanne Kelly. She is a family practice physician who will be taking over for all patients formerly assigned to Dr Lusik. The Registered nurses for Team 3 are LT Diane Davis and Ms Peggy Moyer. The scheduling clerk for Team 3 is Ms. Ava Bostic.



All patients assigned to **Team 4** will see LT Mark Reed. LT Reed is a family practice physician who performs vasectomies, colposcopies, Implanon insertion/removal, and IUD insertion/removal. In the near future, Naval Hospital Beaufort will be adding providers to this team, including a pediatrician and physician assistant. Mrs. Carolyn Glover and Mrs. Sandra Smith are the Registered Nurses for this team. The scheduling clerk is Lisa Gordon.

All teams will also consist of multiple Hospital Corpsmen and Nursing Assistants. Additionally, all teams will have access to the front desk clerks, a dietician, and other specialty practitioners.

If you are already enrolled in TRICARE Prime, you do not have to do anything differently in order to see your physician. If you are not enrolled in TRICARE Prime and would like to do so, please visit the TRICARE Service Center (TSC) at Naval Hospital Beaufort to change your enrollment. For more information call 1-800-444-5445 or

visit www.humanamilitary.com. If you need to schedule an appointment, please contact the Call Center at 843-228-5175.

Recent Deployments

CAPT Connelly, Edwin
LCDR Hernandez, Thomas
LT Osner, Terri
LT Reed, Robert
LT Dowdle, Lindsay
LTJG Wentz, Todd
HMC Skibsted, Robert
HM1 Jordan, Stephanie
MA1 Justiniano, John
HM1 Nesbitt, Vincent
HM2 Miller, Darren
HM2 Whitehead, Robert
HN Bautista, David
HN Jones, Andre

Farewells

CDR Cline, Richard, Retirement	AO2 Thomas, Kenneth, PCS
LT Ashmore, Keary, PCS	HM3 Darby, Kirstie, Separation
LT Burditt, Kyle, PCS	HM3 Eaves, Richard, PCS
LT Cornell, Michael, PCS	HM3 Hernandez, Oscar, PCS
LT Oliver, Kristina, PCS	HM3 Hubbard, Charley, PCS
LTJG Strickland, Kassy, PCS	HM3 McGraw, Derek, Separation
HMCS White, Donald, Retirement	HM3 Nehring, Timothy, PCS
HMC Carpenter, Wayne, PCS	HM3 Sanford, Moteak, Separation
HMC Colvin, Adam, Retirement	HM3 Tabin, Marcelino, PCS
AOC Mackie, James, PCS	HN Chamberland, Samuel, PCS
HM1 Cortinez, Isabell, Retirement	HN David, Harris, PCS
HM1 Kitchen, Sonya, Retirement	HN Dillard, Cornelius, PCS
AM1 James, Bruce, PCS	HN Kong, Jonathan, PCS
HM2 Coker, Carl, PCS	HN Molina, Abraham, PCS
HM2 Gerovac, Andiria, PCS	HN Raul, Lozano, PCS
HM2 Moreno, Larry, PCS	HN Wilhelm, Andrew, PCS
HM2 Nederbrock, Aaron, Separation	

Sailors of the Quarter



HM1 Ioana L. Champagne
Senior Sailor of the Quarter



HM2 Chan J. Bellamy
Jr. Sailor of the Quarter



HN Nicholas Mihalcz
Blue Jacket of the Quarter

Civilians of the Quarter



SENIOR CIVILIAN
Dr. Raymond Morin
Branch Health Clinic



CIVILIAN
Ms. Tana Clare
Branch Health Clinic



CONTRACTOR
Ms. Kimberly Abron
Directorate for Administration

Pre thru Post Deployment Dinner & Brief for NHB Service Members and Families

Tuesday, 08 March 2011 Time: 1800 – 2000
Command Education and Training Building

NHB Family & Friends Get-Together & Potluck

Monday, 14 March 2011 Time: 1800 – 2000
Command Education and Training Building
Crafts for the kids/RSVP Requested 843-228-5417 or 5631

Military Spouse Appreciation Day

Friday, 06 May 2011
(It is always the Friday before Mother's Day.)

May is National Military Appreciation Month

It includes Loyalty Day, Military Spouse Day, Victory in Europe (VE) Day, Armed Forces Day, and Memorial Day.

Additional information...

"The first Military Spouse Day was first celebrated in 1984 when then-President Ronald Reagan proclaimed the observance to honor the contributions of military spouses. The military now sets aside the Friday before Mother's Day each year to pay tribute to the spouses who play a vital role in the nation's defense."

Citation from <http://www.army.mil/spouse/>

Presidential Proclamation--Military Spouse Appreciation Day 2010

The following is a link to last year's (2010) official Presidential Proclamation

<http://www.whitehouse.gov/the-press-office/presidential-proclamation-military-spouse-appreciation-day>

as the 2011 one will not be released until May 2011 after President Obama signs it.

In addition, the following is a link from Admiral Mullen's to "Chairman's Corner" from May 2010's National Military Appreciation Month.

<http://www.dodlive.mil/index.php/2010/05/chairmans-corner-national-military-appreciation-month/>

Save the Dates

This Quarter's Department in the Spotlight Obstetrics and Gynecology (OB/GYN)

By HM3 Delphan West



The Naval Hospital Beaufort (NHB) OB/GYN Department has moved from their shared location to a new and renovated clinic, a place which the staff can call home. This renovation took over five months to complete

and was developed to meet the unique health care needs of women. In the past the clinic shared their treatment area with the Internal Medicine Clinic. The new OB/GYN clinic is now solely dedicated to Women's Health. It is still located on the 2nd Deck of the hospital, but is now located in the East Wing, across from the WIC Office. The OB/GYN clinic is staffed with four physicians, four registered nurses, two LPNs, three Hospital Corpsman, and 2 administrative clerks.

When patients come in for a visit, the two people they will initially encounter are Ms. Paula Latson and Ms. Jennifer Palmer. These ladies do their best to make sure that patients' needs are met when they come to the clinic. Paula Latson states, "I enjoy the new clinic. The space is beautiful and quiet. There is no more clutter, and the patients know the exact location for their appointments." Jennifer Palmer says, "The new clinic provides a more efficient and private atmosphere for the patients, and since we are in our own space, patients are not confused about which department OB/GYN is. Ms. Michelle Pattay, an OBGYN patient says of the new location, "Service is very efficient and the staff is helpful. It has been great! The clinic is now in a location that is accommodating to patients, making the laboratory and WIC office easily accessible."

Since 1949, Women's Health and Maternal-Newborn care have been cornerstones of Naval Hospital Beaufort's "Always Caring" philosophy. An estimated 23,000 newborns have been delivered in or by providers at Naval

Hospital Beaufort since the hospital opened its doors. With a continued focus on Family Centered Care, OB/GYN providers deliver over 500 newborns a year, complete over 200 Gynecologic surgeries, and see over 9,000 patients both in and out of the clinic. Additionally, exclusive "Expectant Mother-Only" parking spaces have been added to the hospital grounds. When asked about what the best part of working in the OB/GYN clinic was, staff members HN Kimberly Sharp and HN Kayla Blum both agreed: "The ultrasounds are the most exciting, and seeing the babies after they're born is very rewarding."

Since 1998, under a resource sharing agreement all newborn deliveries have been completed by Naval Hospital Beaufort's own Navy physicians at Beaufort Memorial Hospital. The department uses the (DoD/VA) 9-Visit Clinical Pathway Model for uncomplicated & routine pregnancies and co-manages high-risk pregnancies with Memorial Hospital in Savannah and the Medical University of South Carolina in Charleston. In addition to Maternal-Obstetric care, the department manages a variety of Gynecologic conditions: surgical & implantable contraception; surgical and medical management of pelvic pain; abnormal bleeding; pelvic organ prolapse; infertility evaluation and treatment; urinary incontinence; and menopause & pre menopause.



As a specialty clinic, a referral from a primary care provider is needed to be seen in the OB/GYN Clinic. However, the clinic can be contacted directly at (843)228-5348/5345. Services in the near future to be provided by the clinic include: expanded high-risk pregnancy management services and on-line information resources.

NAVY EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)





The Navy's Exceptional Family Member Program (EFMP) is designed to assist Sailors and their families by addressing the special needs of their exceptional family members during the assignment process. Special needs include: any special medical, dental, mental health, developmental or educational requirement; wheelchair accessibility; or adaptive equipment or assistive technology devices and services.

Enrollment in the EFM Program is mandatory for all Active Duty service members with a special need dependent. Enrollment helps ensure the availability of required medical and educational services at future assignment locations.

All Navy personnel that are assigned to the Naval Hospital Beaufort area of responsibility which have special needs or concerns should contact the Exceptional Family Member Coordinator, HM1 Barrington Hamilton. You may contact him by phone at (843)228-5494 or by visiting him in person in the Patient Administration Department located on the 3rd Deck of the hospital. Hours of operation are 0730-1600 Monday through Friday.

A Note from Your NHB Command Ombudsman Team...

By Peggy Simmer

	Contact Information: E-mail: NHBombudsman@med.navy.mil (NEW!) Office Phone: 843-228-5631 Cell Phone: Kelly 843-476-0949 Brent 843-476-0224 Office Hours: Monday and Wednesday 0900-1200 Monday, Tuesday, Thursday 1600-1800 and by appointment. Our office is located in the Command Suite on the 1 st Deck near the Quarterdeck of the Main Hospital.	Kelly	
			Brian
		Brent	

Hello Naval Hospital Beaufort Family and Friends!

We are pleased to announce that we have three new Command Family Ombudsmen: Kelly (Morris), Brent (Osner), and Brian (McClelland). We would also like to extend a big THANK YOU to our departing Ombudsman, Stacey (Starkey) for her dedication and service over the past year.

Our three new NH Beaufort Command Ombudsmen, Kelly, Brent, and Brian, bring a wealth of information, knowledge, and experience with them including more than 20 years of Beaufort history and almost 20 years of Department of Defense (DoD) work experience. In addition, they have been Navy spouses for a combined 19 years and have experienced deployments with their spouses, most recently being to Kuwait and Afghanistan. They have also been stationed in a variety of places including Bethesda, MD, Newport, RI, Quantico, VA, San Antonio, TX, Okinawa, Japan, and of course, Beaufort, SC.

As Command Family Ombudsmen, they are volunteers officially appointed by the Commanding Officer (CO) to serve as the official liaison between the command and its families - including spouses, parents, and extended family members. In their official role, Command Ombudsmen are not counselors or social workers, but act as an advocate for the command's families and serve as an information and referral resource. Ombudsmen are generally on call 24/7 because no one can predict when a family member may need assistance. They also have scheduled office hours and are available by appointment.

As the Command Ombudsman Program grows at Naval Hospital Beaufort (NHB), two key areas the team will be focused on will be connecting with the families of service members deployed from the command and those who are new to the command. Some of this will be accomplished by participating in "Navy Pride and Professionalism" (orientation for service members new to the command) and attending the "Pre thru Post Deployment Dinner and Brief" events for NHB service members and their families. In addition, monthly phone contact to authorized points-of-contact (POCs) provided by NHB service members will be offered as well as periodic e-mail contact.

Other services the NHB Command Ombudsman Team hopes to develop include a recurrent homecoming and reunion brief for the families of NHB deployed service members (accomplished through audio conference as many families are not in the local area), a "Military/Navy Medicine 101" orientation program for the families, especially those new to the Navy, a Command Ombudsman Team newsletter, and a monthly NHB family event.

NH Beaufort service members, please be proactive with getting your families connected with your Command Ombudsman Team. Stop by their office, located in the Command Suite on the 1st floor of the Main Hospital across from the Command Master Chief's Office, to complete your authorized POC form today. Family readiness and mission readiness go hand in hand and your NHB Command Ombudsmen are here to help.

Sailor in the Spotlight

By HMC Troy Murphy



This quarter's Naval Hospital Beaufort "Spotlight" Sailor is Hospital Corpsman First Class Ioana Lee Champagne. Petty Officer Champagne currently serves as an Independent Duty Corpsman for 4th Battalion Aid Station, Branch Health Clinic, Marine Corps Recruit Depot, Parris Island.

A native of Stockton, California, Petty Officer Champagne joined the Navy in September of 2001 for numerous reasons. "My father was a Chief Aviation Boatswain's Mate - Handling (ABHC), so growing up in a Navy family was what I knew". She also lists educational opportunities, a stable income, and the ability to travel worldwide among her interests in joining.

Prior to becoming part of the Naval Hospital Beaufort team in November of 2010, Petty Officer Champagne was a Student of the Naval School of Health Sciences' very demanding Independent Duty Corpsman (IDC) program. From October 2009 to October 2010, her dedication and intense preparation earned her a seat near the top of her class, and as a result she was meritoriously promoted to the rank of E-6.

One of the things she enjoys most about her job is the ability to teach her fellow Corpsman the skills necessary to care for Sailors and Marines. "[HM1] Champagne is a definite motivator in the IDC community" stated Leading Chief Petty Officer and fellow IDC Hospital Corpsman Chief Michael Davis. "I was impressed by the amount of confidence she exudes, which is backed up by her OUTSTANDING performance".

Senior Enlisted Leader for Branch Health Clinics, Senior Chief Hospital Corpsman Matthew Sobolewski added: "Petty Officer Champagne is a hard charger who is, without a doubt, an exceptional IDC performing well above her pay grade. Her mentorship of her Sailors gives the best direction of deckplate leadership I've experienced over my 23 years of Naval service. She has a deep love and respect for the Hospital Corps and the community it serves".

Outside of work, Petty Officer Champagne loves to spend time with her family and attend college, and from time to time she can be heard utilizing one of her talents as a singer. She is currently in the process of completing her final semester of studies at Trinity University International and is expected to graduate with a Bachelor of Science Degree in Health Care Administration this spring.

The "Lowcountry Beacon" wishes to thank HM1 Champagne for her OUTSTANDING service to the Navy and Marine Corps team and wishes her the very best in all of her future endeavors.

Civilian in the Spotlight

By HMC Troy Murphy

This quarter's Naval Hospital Beaufort (NHB) "Spotlight" Civilian Employee is Ms. Janet Reeves. Ms. Reeves currently works as a Nurse Practitioner in NHB's Medical Home Port, Team 3.

Hailing from Gadsden, Alabama, Janet joined the NHB Team in May of 2008 in part because of her favorite movie and book, Pat Conroy's "Prince of Tides". Janet states, "I always wanted to live where the movie was filmed. I received information about a vacancy at Naval Hospital Beaufort and came for an interview. I liked the atmosphere and the officers who conducted the interview".

Ms. Reeves stated that the most enjoyable part about her job is: "Everything. I love the patients, providing care, and mentoring. It provides me with a lot of opportunity to practice the art of medicine. I enjoy [working with] my co-workers and watching them learn and grow as individuals".

"Janet is very caring, which is reflected in the manner by which she practices medicine. She's extremely professional and is always willing to go out of her way to help

her fellow co-workers" stated LCDR Mark Watson, a fellow practitioner. "Above all, her humanitarian contributions as a provider to patients, both nationally and internationally, capture the true nature of her life's work".

Ms. Reeves is currently enrolled in a doctoral program



which focuses much of her off-duty time on studies and writing papers. Annually, Janet travels outside the United States to practice medicine in Granada, Nicaragua, and in the jungles of Guatemala.

Janet's future plans include completion of her doctoral studies – which involve helping migrant farm workers and conducting health screenings for occupational exposures. Additionally, she hopes to one day operate a free clinic in the summers for farm workers, and to spend the winters in Central America practicing medicine.

The "Lowcountry Beacon" wishes to thank Janet Reeves for her tremendous contributions to the Naval Hospital Beaufort team and wishes her continued success in accomplishing her goals.

DAPA Note

Alcohol and drug abuse adversely affects the physical and mental health of Navy sailors. It jeopardizes the safety of everyone, and can lead to criminal prosecution and separation from Naval service. The minimum age to consume alcohol is 21 years of age for all personnel.

Did you know? The 21-34 year old demographic comprises approximately half of all the drunk drivers involved in alcohol-related fatal crashes. Additionally, they:

- Have the highest blood alcohol concentrations (BACs) in fatal crashes.
- Are about twice as likely, as compared to other drivers, to have experienced a prior crash.
- Are four times more likely to have had their licenses suspended or revoked.
- Are the most resistant to changing their drinking and driving behavior.

Although alcohol may give a feeling of elation and aroused senses due to a lessening of inhibitions during the early stages of alcohol intoxication, alcohol is itself a depressant. It depresses the central nervous system – leading to slowed reactions, slurred speech, and ultimately may lead to unconsciousness.

Substance abuse by Navy Sailors is also a serious issue. The Navy's policy on drug abuse is "Zero Tolerance."

Personnel who abuse both controlled and uncontrolled substances (such as Salvia Divinorum, Jimson Weed, Spice Silver, Spice Gold, Spice Diamond, Bath Salts, and other naturally occurring substances not listed as controlled substances) will be processed for administrative separation. The Sailor most at risk for using such drugs is typically:

- Male
- E-3 and below
- Between 19-22 years of age
- 2.5 years of service
- Average of 14 to 24 months onboard first duty station
- Non-warfare qualified
- Not enrolled in any off-duty education

If you are aware of a shipmate who has a drinking or other substance abuse problem, please refer him or her to the Naval Hospital Beaufort Command DAPA (Drug and Abuse Prevention Assistant) or to other appropriate individuals for help. Please contact HM1 Barrington Hamilton or HM1 Carlos Aguilar at (843)228-5494/5499. Don't Enable! Intervene!

New Uniform Policy

Per NAVADMIN 025/11, on 26 March 2011, communications devices (e.g. cell phones, blackberries, pagers, etc.) are authorized for use and wear while in uniform, to include walking, in the following manner:

1. Communication devices shall be conservative in color and design and shall not distract from the appearance of the uniform
2. Only one communication device is authorized for wear and can only be worn on the belt of the working and service uniforms aft of the elbow
3. Wearing of communication devices in service dress uniforms is not authorized
4. Communication devices will not be visible from the front and worn in such a manner as to impede the normal wear and appearance of the uniform (e.g. sagging, bunching, bulging, protruding, etc.)
5. Whenever there is a concern for operational security, the authorized use of communication devices shall be at the commanding officer's discretion
6. The use of portable communication devices shall not interfere with the rendering of military courtesies and honors nor violate local, state, and federal laws
7. When not being worn on the uniform and in use, communications devices will be placed at the side of the leg and in the appropriate hand when rendering salutes, greetings, and other military courtesies/honors
8. The use of an earpiece, blue tooth technology, headsets or hands-free device while in uniform indoors or outdoors is prohibited unless specifically authorized for the execution of official duties (e.g. NSW, security personnel, detailers, etc.)

The breakdown of this NAVADMIN is as follows:

1. No colorful communication devices (e.g. pink, blue, white, etc.)
2. Communication devices that are extremely large in nature distract from the appearance of the uniform so no large communication devices
3. No earpieces while walking when in uniform
4. Communication devices shall not be visible through your NWU (bulging, protruding, etc.)

If you have any questions about uniform policies or uniforms in general, please contact the CMAA office at 228-5168/5169/5115.

Historical Moment (Did You Know?)

Fort Frederick

By HMC Amanda Hughes



Did you know that tucked away in a corner of our Naval Hospital compound lies what remains of a nearly 300-year-old fortification constructed when English troops first came to the Beaufort region? The fort would become one of the largest tabby forts ever constructed (tabby is a mixture of sand, lime and seashells which was a staple of construction projects during the colonial era).

Fort Frederick (named for the Prince of Wales at the time, Prince Frederick Louis) was intended to protect the entrance to Port Royal Sound against potential Spanish, French, and Native American attacks though its usefulness as a defensive structure was minimal due to poor selection of the actual site for the fort. From a strategic standpoint, Fort Frederick was vulnerable to attack on the west from higher ground; on the east, the walls almost ran into the Port Royal River.

While local legend suggested that it had been built by the Spanish (a myth perpetuated into the early 20th century by postcards), Fort Frederick never had any direct connection with Spain, neither as a builder of the fort nor as an attacker on the fort. Indeed, little Fort Frederick served as little more than a storehouse during the majority of the years it was in limited use.

At 125 feet by 75 feet, it was small in stature. The walls were five-feet high and four to five-feet thick at the top. It may have had a moat, but since that part of the fort is now submerged underwater, this is speculation. Along the eastern wall facing the Port Royal River was a battery of cannons. Contained inside the walls were at least two buildings: a magazine costing less than £100 in which to store munitions and provisions, and a barracks for the men to sleep in.

Personnel at Fort Frederick varied from two militiamen to almost one hundred British regulars. Staffing was dependent upon the perceived security threat. Between 1734 and 1736, Fort Frederick was garrisoned by a unit of British regulars who were later transferred to Fort Prince George, another frontier defensive installation about 35 miles north of Savannah. British regulars returned to Fort Frederick in 1738 and stayed until approximately 1744. After 1744, Fort Frederick was only intermittently garrisoned. Four years later, Governor James Glen derisively described Fort Frederick to the Duke of Beaufort in a letter dated October 10, 1748 as:

"Some years ago two assemblymen were, by vote, empowered to make a fort at Port Royal and for that end received about 1100£ sterling of the public money. It is injudiciously situated, monstrously constructed and made of oyster shells, and is called a Fort, but a garden fence is as strong. It is really worse than nothing, for it may tempt ignorant people to take shelter in it in case of an enemy, and it will certainly prove a snare to those that go, whereas in case they are not able to make a stand, they may have a chance to escape if they betake themselves to the woods."

Flash forward to today. A few weeks ago, volunteer Sailors from all over the command picked up logs and overgrown vines and shoveled dirt to help clear a covered asphalt road leading to the fort. But why did they do so? "About three or four months ago, we pitched [to the state] the idea to open the fort back up for tours," said Capt. Edward Simmer, the Executive Officer of NHB.

In recognition of their excellent work, the Sailors who volunteered their time to the Fort Frederick cleanup were recognized at a recent Command Colors ceremony with the Executive Steering Committee's Award for Excellence. "The Sailors came to help clear the way because the state does not have the money to properly maintain and open the historic site", Capt Simmer said. "The state has been very supportive of NHB's efforts to reopen the site." CAPT Simmer states that plans are underway to clean up the surrounding area and have new signs brought in to help educate those who visit the fort and other historic areas on the Naval Hospital compound.



An Interesting Fact...

Fort Frederick was not built by the Spanish (a myth perpetuated into the early 20th century by postcards). In fact, Fort Frederick never had any direct connection with Spain neither as a builder of the fort nor as an attacker on the fort.

Excellence in Action



Excellence in Action is an employee recognition program designed to recognize a staff member that has excelled in performance or attitude. To recognize a staff member for the Excellence in Action (EIA) program, fill out an EIA card located near ballot boxes throughout the hospital.